

# **MEDICAL PRIOR AUTHORIZATIONS**

May 2022



The information contained in this presentation is intended to instruct SoonerCare providers on the prior authorization process for **medical services**, with member and procedure verification steps and a demonstration of a prior authorization submission using the secure provider portal.

**NOTE:** does not contain information on submitting authorization using InterQual. View the [Medical Authorization Using InterQual](#) presentation.

# DISCLAIMER

SoonerCare policy is subject to change. The information included in this presentation is current as of May 2022. The most current information can be found on the OHCA public website at [www.oklahoma.gov/ohca](http://www.oklahoma.gov/ohca).

# AGENDA

Notes on Prior Authorization  
Verification

- Eligibility Verification
- Treatment History
- Fee Schedule

Prior Authorization Submission  
Amendments

Resources

**NOTES ON  
PRIOR  
AUTHORIZATION**

Under the SoonerCare program, there are services that require prior authorization (PA) by the Oklahoma Health Care Authority (OHCA).

- Represents a clinical decision regarding medical necessity.
- PA approval is **not** a guarantee of member eligibility or SoonerCare payment.

OHCA's [Medical Authorization Unit \(MAU\) webpage](#) provides a list of medical, DME and supplies, therapy and out-of-state services that require PA and the guidelines for each service.



- Requests processed by the MAU such as durable medical equipment (DME), high tech imaging, medical procedures and supplies, or occupational/physical/speech must be submitted electronically through the SoonerCare provider portal.
- ALL drug prior authorization requests (PARs) are processed through the Pharmacy PA Unit whether the drug is billed on a medical claim or by a pharmacy. Drug PA criteria and forms can be found at [www.oklahoma.gov/ohca/pa](http://www.oklahoma.gov/ohca/pa).
- PARs that do not require a servicing provider are issued to the member, allowing both a provider and a facility to be paid using a single PA.
- If the member does not have program eligibility for the “from date” of service, the PAR will system cancel.



- If a member’s eligibility has been backdated, the PAR entered on the portal will system cancel as a retro authorization. The provider should submit an email to [MAUAdmin@okhca.org](mailto:MAUAdmin@okhca.org) with the subject line “Retro Eligibility – please review” to request a case-by-case review.
- For continuation of approved services, a new PAR with documentation must be submitted.
- Approved dates of service on a PAR cannot overlap the date of service on another PAR for the same service.
- An emergent or urgent PAR will be considered for loss of life or limb. Providers should submit the PAR via the portal and an email to [MAUAdmin@okcha.org](mailto:MAUAdmin@okcha.org) with “Emergency PA” in the subject line.

# AUTHORIZATIONS BY UNIT

<u>Medical Authorizations:</u> 800-522-0114, option 6, 3 or <a href="mailto:MAUadmin@okhca.org">MAUadmin@okhca.org</a>	<u>Pharmacy Help Desk:</u> 800-522-0114, option 6, 1 or Fax 405-271-4014
<u>Dental Authorizations:</u> 405-522-7401	<u>Occupation/Physical/Speech Therapy:</u> <a href="mailto:Therapyadmin@okhca.org">Therapyadmin@okhca.org</a>
<u>Durable Medical Equipment:</u> <a href="mailto:DMEadmin@okhca.org">DMEadmin@okhca.org</a>	<u>Personal Care:</u> Contact local DHS office
<u>PASRR Level of Care Unit:</u> 405-522-7597 & 405-522-7674	<u>Advantage Administration Unit:</u> 918-933-4900
<u>Developmental Disabilities Services Division (DDSD):</u> 800-349-9173 or Fax 405-573-6853	<u>Medically Fragile Waiver:</u> 888-287-2443
<u>Behavioral Health Inpatient:</u> 800-522-0114, option 6, 2, 2	<u>Behavioral Health Outpatient:</u> 800-522-0114, option 6, 2, 1

**VERIFICATION**

Before submitting a prior authorization request, providers should verify the following:



The member has SoonerCare eligibility.



The member's limit for the procedure has not been reached.



The procedure is covered and requires prior authorization.

# MEMBER ELIGIBILITY

The member's eligibility must include either *Title 19* or *Expansion Healthy Adult Program* for active SoonerCare benefits.



**OKLAHOMA Health Care Authority** Provider Portal

My Home Eligibility Claims Prior Authorizations Referrals Files Exchange Financial Letters Reports Resources

Eligibility Verification | Treatment History [Contact Us](#) | [Logout](#)

[Eligibility](#) > [Eligibility Verification](#) > Coverage Details

[Print Preview](#)  
[Display Member ID Card](#)

Coverage Details for Member ID B36112680 - KERRY SOONERCARE from 03/10/2022 to 03/10/2022 [Back to Eligibility Verification Request](#) ?

**NOTICE:** This member is currently subject to a copay.  
Effective/End dates are shown only for the period of time requested.  
Verification Number 2206995520 - 3/10/2022 - Status: A [Expand All](#) | [Collapse All](#)

Coverage	Effective Date	End Date
SoonerCare Choice	03/10/2022	03/10/2022
Non Emergency Transportation	03/10/2022	03/10/2022
Mental Health and Substance Abuse	03/10/2022	03/10/2022
Expansion Healthy Adult Program	03/10/2022	03/10/2022

Managed Care Information +  
TPL +

# TREATMENT HISTORY

The *Treatment History* feature allows users to retrieve **paid claim records** for a particular member so a provider can see how many units have already been paid during a particular timeframe.

### Search Treatment History

Medical **Dental**

\* Indicates a required field.  
This search feature retrieves PAID claim records for a particular member ID as of the timeframe submitted.  
Enter the member ID, date of service, and procedure type/code, then click **Search**. Select **Lifetime** to view treatment history for the procedure identified over the lifetime of the patient. Click **Reset** to clear all fields.

**Member Information**

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID	123456789	Last Name	First Name	Birth Date
------------	-----------	-----------	------------	------------

**Service Information**

*Service From Date	04/01/2021	To Date	04/30/2021	<input type="checkbox"/> Lifetime
*Procedure Code Type	CPT/HCPCS	*Procedure Code	99213-OFFICE O/P EST LOW 20-29 MIN	

**Search** **Reset**

**Search Results** Total Records: 1

Service Date	Procedure Code	Description	Units
04/27/2021	99213	OFFICE O/P EST LOW 20-29 MIN	1

# SEARCH FEE SCHEDULE

*Search Fee Schedule* will indicate if the procedure is covered under the selected *Benefit Package* and if it requires prior authorization.

**OKLAHOMA Health Care Authority** Provider Portal

My Home Eligibility Claims Prior Authorizations Referrals Files Exchange Financial Letters Reports Resources

Search Providers | Search Fee Schedule | Search HIPAA Error Codes

Contact Us | Logout

Resources > Search Fee Schedule

**Search Fee Schedule**

Procedure  NDC  DRG

\* Indicates a required field.  
Pricing and eligibility listed does not guarantee payment of a claim. Please refer to Provider Rules of coverage by specific provider type.

\* **Benefit Package**

**Code Type** Procedure Code

\* **Procedure Code**

\* **Date of Service**

\* **Age**

**Modifiers**

**Search Results**

**Pricing and Limitations:**

Non-Facility Place of Service Allowed Amount: \$113.61

Facility Place of Service Allowed Amount: \$113.61

**PA Required**

Maximum Units: 1

Age Restriction: 10 - 999

Medical Review is Not Required

Gender: Both

Attachment is Not Required

Not a Lifetime Procedure

Not restricted to any Diagnosis

Billing Provider not restricted to any Specialty

Rendering Provider restricted to certain Specialty

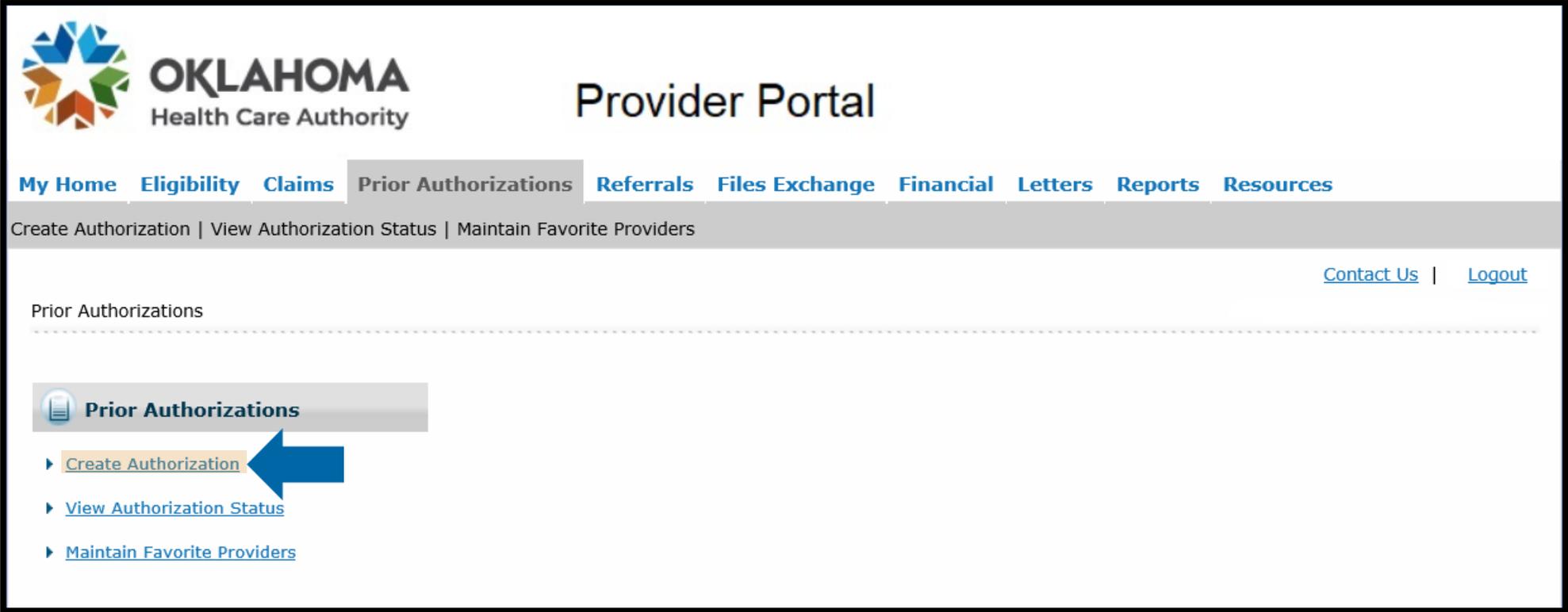
Ambulatory Surgical Facility Fee: \$0.00

Ambulatory Payment Classification Fee: \$0.00

Discounted: NA

**PRIOR  
AUTHORIZATION  
SUBMISSION**

Prior Authorization requests must be submitted online using the [OHCA secure provider portal](#).



The screenshot displays the Oklahoma Health Care Authority (OHCA) Provider Portal. At the top left is the OHCA logo, a colorful starburst, followed by the text "OKLAHOMA Health Care Authority". To the right, the page title "Provider Portal" is centered. Below the header is a navigation menu with links: "My Home", "Eligibility", "Claims", "Prior Authorizations" (highlighted), "Referrals", "Files Exchange", "Financial", "Letters", "Reports", and "Resources". Underneath the menu is a secondary navigation bar with links: "Create Authorization | View Authorization Status | Maintain Favorite Providers". In the top right corner, there are links for "Contact Us" and "Logout". The main content area is titled "Prior Authorizations" and contains a sub-menu with a "Prior Authorizations" header and three items: "Create Authorization" (highlighted with a blue arrow), "View Authorization Status", and "Maintain Favorite Providers".

### Create Authorization

\* Indicates a required field.

 **Medical** **Dental**

When you submit this PA, you are certifying that the PA is medically necessary and correctly submitted in accordance with SoonerCare rules and is for a SoonerCare covered device or service. You acknowledge that this PA may be subject to a post-payment review and/or that OHCA may recoup improper payments if OHCA finds that this PA was inappropriately submitted or OHCA has determined the PA to be medically unnecessary. You also acknowledge that approval of this PA does not guarantee payment.

[Expand All](#) | [Collapse All](#)

### Requesting Provider Information

This panel contains provider information.

<b>Provider ID</b>	0123456789	<b>ID Type</b>	NPI	<b>Name</b>	IMAGINARY MEDICAL CENTER
<b>Zip Code</b>	12345 - 1111	<b>Contract Code</b>	_	<b>Taxonomy</b>	12A3B456CD
		<b>SC Provider Number</b>	123456789	<b>A</b>	

### Member Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

\*Member ID



Last Name

First Name

Middle

Birth Date

**Service Provider Information**

Service Provider may be required depending on the type of Ass... selected. To use a new service provider, enter either a valid NPI or SoonerCare Provider Number. To use an existing Service Provider and have the fields auto-populated, either click the Service Provider same as Requesting Provider checkbox or select a provider previously saved to the favorites list using the Select from Favorites dropdown. To add a new provider to the favorites list, click the Add to Favorites checkbox. Service Provider is required, the servicing provider cannot be a group, clinic or PC... the... denied. To use a new service provider, enter either a valid NPI or SoonerCare Provider Number. To use an existing Service Provider and have... select a provider previously saved to the favorites list using the Select from Favorites dropdown. To add a new provider to the favorites list, click the Add to Favorites checkbox.

**Service Provider same as Requesting Provider**

**Select from Favorites**

**Provider ID**  **Type**

**Add to Favorites**

**Zip Code**  **Contract Code**  **Taxone**  **SC Provider Number**

Only required for durable medical equipment, prosthetics, orthotics and supplies, home health, hospice, specialized nursing and vision care services.

All other types leave this blank.

Accepted attachment file types: JPG, PDF, TIF, XPS  
File size: up to 10 MB

**Attachments** -

Click the **Remove** link to remove the entire row.

	Transmission Method	File	Control #	Action
<input type="checkbox"/>	EL-Electronic Only	Example of uploaded document.pdf (21K)	20220316652013	<a href="#">Remove</a>

Click to collapse.

**Transmission Method** EL-Electronic Only

**\*Upload File**  

**\*Description**



Select *Browse* to locate and upload the correct file, enter a brief *Description*, and *Add* the attachment to the authorization request.

[Add Attachments how-to video](#)

Choose the appropriate *Assignment Code*.

**Other Information**

Assignment Code must be selected from the dropdown. The Assignment Code can be viewed in the Prospective Authorizations results panel and in the Search Results panel when using Search Authorizations.

**\*Assignment Code**  **Managed Care**  **Letter?**

**Fund**

**Diagnosis Information**

Click the **Remove** link to remove the e

ICD Version	Diagnosis Code	Action
<input type="checkbox"/> Click to collapse. <b>*ICD Version</b> <input type="text" value="ICD-10-CM"/>		
<b>Remarks</b>		
Remarks are <b>Optional</b> . Click '+' to view row.	enter a remark, it is <b>required</b> to click the Add button. Click <b>Remove</b> to remove the remark	<b>Action</b>

**Assignment Code List:**

- ADVANTAGE WAIVER
- AUDIOLOGY
- CHIRO
- CLINIC
- DME
- GENERAL
- HIGH RISK OB
- HOMEHEALTH
- HOSPICE
- HOSPITAL - OUTPATIENT
- HOSPITAL IP FACILITY OR PHYSIC
- LAB & XRAY
- MRI-MRA-PET
- O-EPIC
- OT
- PHARMACY
- PHYSICIAN
- PODIATRY
- PT
- REHAB
- ROOM AND BOARD
- SLEEP STUDIES
- SPECIALIZED NURSING
- SPEECH
- TRANSPLANT
- TRANSPORTATION
- VISION CARE

**Cancel**

Enter the primary diagnosis without a decimal and *Add*.

**Diagnosis Information** [-]

Click the **Remove** link to remove the entire row.

ICD Version	Diagnosis Code	Action
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Click to collapse.

\*ICD Version  \*Diagnosis Code

**Remarks** [-]

Remarks are **Optional**. Click '+' to view, click '-' to collapse the row. Once you enter a remark, it is **required** to click the Add button. Click **Remove** to remove the remark row.

Remarks	Action
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Click to collapse.

\*Remarks

Most PA requests must be received within 30 days of the initial date of service.

- Therapy – No retro
- Imaging – MRA, MRI, CT, PET 3-day retro

The screenshot shows a 'Service Details' form with the following fields and annotations:

- From Date** and **To Date**: A blue box highlights these date pickers, with an arrow pointing to the top text box.
- \*Code Type** and **\*Code**: A brown box highlights the dropdown menu and text input, with an arrow pointing to the right text box.
- Modifiers**: An orange box highlights the text input field, with an arrow pointing to the left text box.
- \*Units**: A green box highlights the numeric input field, with an arrow pointing to the bottom text box.
- Buttons**: A blue arrow points to the 'Add Service' button, and another blue arrow points to the 'Submit' button.

Enter up to four modifiers, if applicable.

Enter number of units.

Choose appropriate code type: NDC, procedure code or group, revenue, or surgical. Enter code.

**Authorization Receipt** 

Your Prior Authorization Number1234567890 was successfully submitted.

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Click **Print Preview** to view authorization details and receipt.  
Click **Copy** to copy member data or authorization data.  
Click **New** to create a new authorization for a different member.

---

**Print Preview** **Copy** **New**

A Prior Authorization Number will be generated to confirm the request was submitted successfully.

- **This does not mean the PA is approved.**
  - Can be used to check status.

**Prior Authorizations**

- ▶ [Create Authorization](#)
- ▶ [View Authorization Status](#)
- ▶ [Maintain Favorite Providers](#)

### View Authorization Status

Prospective Authorizations | Search Authorizations | Authorization Notices

Enter at least one of the following fields to search for an authorization.  
For Advanced search PA or Member ID/day range is required.

**Authorization Information**

Advanced Search

Prior Authorization Number

Assignment Code

Code Type

Code

Select a Day Range or specify a Service Date. The optional date criterion provides a search option based on the Authorized Effective and Authorized End Date of the Prior Authorization.

Authorized Day Range  OR Authorized Service Date

**Member Information**

Member ID

**Provider Information**

Provider NPI

This Provider is the  Servicing Provider on the Authorization  
 Referring Provider on the Authorization

**Search Results**

The Search criteria selected in the Search Authorizations panel reflect the Search Results displayed.

Total Records: 1

Prior Authorization Number	Authorized Service Date	Member Name	Member ID	Assignment Code	Requesting Provider	Servicing Provider
<a href="#">1234567890</a>		SOONERCARE, KERRY	B33333333	CLINIC	IMAGINARY MEDICAL CENTER	

# AMENDMENTS

# AMENDMENTS

In order to streamline the amendment process, the Medical Authorization Unit is implementing a change in the submittal of amendment requests.

- Effective immediately providers can **now** submit their amendment requests through the secure provider portal.
- The faxed option will be discontinued and faxes for PA amendments will no longer be accepted effective May 1, 2022.

# MORE ON AMENDMENTS

- Amendments can only be requested for a PAR in an approved status.
- Amendments must be received within six months from the date of service.
- [HCA-60](#) form will be required along with documentation to support the requested change.
- Amendments for continuation of service will not be processed and requires a new PAR.

What can be amended:

- Dates of service
- Units
- Codes
- Provider numbers
- Modifiers
- Member recipient ID



- Log into the secure provider portal and click on the Prior Authorization tab at the top.
- Click View Authorization Status.



- Enter Prior Authorization(PA) Number and click search button.
- This will bring up the PA in Search Results where you will click on the PA number.

**View Authorization Status**

Prospective Authorizations | Search Authorizations | Authorization Notices

Enter at least one of the following fields to search for an authorization.  
For Advanced search PA or Member ID/day range is required.

**Authorization Information**

Advanced Search

Prior Authorization Number  ←

Assignment Code  Code Type  Code

Select a Day Range or specify a Service Date. The optional date criterion provides a search option based on the Authorized Effective and Authorized End Date of the Prior Authorization.

Authorized Day Range  OR Authorized Service Date

**Member Information**

Member ID

**Provider Information**

Provider NPI

This Provider is the  Servicing Provider on the Authorization  
 Referring Provider on the Authorization

**Search Results**

The Search criteria selected in the Search Authorizations panel reflect the Search Results displayed. Total Records: 1

<a href="#">Prior Authorization Number</a>	<a href="#">Authorized Service Date</a>	<a href="#">Member Name</a>	<a href="#">Member ID</a>	<a href="#">Assignment Code</a>	<a href="#">Requesting Provider</a>	<a href="#">Servicing Provider</a>
<a href="#">1234567890</a> ←		SOONERCARE, KERRY	B33333333	CLINIC	IMAGINARY MEDICAL CENTER	

- Once you have clicked on the PA Number it will bring up the view status of the PA.



- Next you will click the View Original Request button.

<b>Payment Method</b> 1-Pay System Calculated Price <b>Reason</b> 554-Subject to post-pay review/recoup for medical necessity <a href="#">IQ Review Summary</a>										
G	02/03/2022	02/28/2022	02/03/2022	02/28/2022	1	0	-	-	76825-ECHO EXAM OF FETAL HEART	Approved
<b>Payment Method</b> 1-Pay System Calculated Price <b>Reason</b> 554-Subject to post-pay review/recoup for medical necessity <a href="#">IQ Review Summary</a>										
H	02/03/2022	02/28/2022	02/03/2022	02/28/2022	1	0	-	-	62263-EPIDURAL LYSIS MULT SESSIONS	Approved
<b>Payment Method</b> 1-Pay System Calculated Price <b>Reason</b> 546-Subject to post-pay review/recoup for medical necessity <a href="#">IQ Review Summary</a>										
I	02/03/2022	02/28/2022	02/03/2022	02/28/2022	1	0	-	-	78811-PET IMAGE LTD AREA	Approved
<b>Payment Method</b> 1-Pay System Calculated Price <b>Reason</b> 554-Subject to post-pay review/recoup for medical necessity <a href="#">IQ Review Summary</a>										
J	02/03/2022	02/28/2022	02/03/2022	02/28/2022	1	0	-	-	77423-NEUTRON BEAM TX COMPLEX	Approved
<b>Payment Method</b> 1-Pay System Calculated Price <b>Reason</b> 546-Subject to post-pay review/recoup for medical necessity <a href="#">IQ Review Summary</a>										
<div style="display: flex; justify-content: space-between;"> <span><a href="#">View Original Request</a></span> <span><a href="#">Print Preview</a></span> </div>										

[Go to Top](#)

Now that you have clicked the View Original Request button, you will be able to do one of the following:

- Cancel a Line - in Approved (with no claims filed against the line), Evaluation, Pending and Pending Documents Status.
- Amend a Line – in Approved Status only.

**Diagnosis Information** -

ICD Version	Diagnosis Code
ICD-10-CM	S13110D-SUBLUXATION OF C0/C1 CERVICAL VERTEBRAE, SUBS ENCNTR

**Remarks** -

Remarks	Action

**Service Details** -

	From Date	To Date	Code	Modifiers	Units	Cancel	Amend
+	02/03/2022	02/28/2022	MA007-Adult Chiropractic		5	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	23410-REPAIR ROTATOR CUFF ACUTE		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	22612-ARTHRD PST TQ 1NTRSPC LUMBAR		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	78451-HT MUSCLE IMAGE SPECT SING		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	A6530-COMPRESSION STOCKING BK18-30		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	70544-MR ANGIOGRAPHY HEAD W/O DYE		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	76825-ECHO EXAM OF FETAL HEART		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	62263-EPIDURAL LYSIS MULT SESSIONS		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	78811-PET IMAGE LTD AREA		1	<input type="checkbox"/>	<input type="checkbox"/>
+	02/03/2022	02/28/2022	77423-NEUTRON BEAM TX COMPLEX		1	<input type="checkbox"/>	<input type="checkbox"/>

**Print Preview**
**Submit**
**Cancel**

- Cancel – you will click on the box in the Cancel column for the line(s) you would like to cancel, then click on the Submit button. This will immediately cancel that line item.
- Amend – you will click on the box in the Amend column for the line(s) you would like to amend (do not click the Submit button yet).

**Diagnosis Information** -

ICD Version	Diagnosis Code
ICD-10-CM	S13110D-SUBLUXATION OF C0/C1 CERVICAL VERTEBRAE, SUBS ENCNTR

**Remarks** -

Remarks Amend

**Service Details** -

	From Date	To Date	Code	Modifiers	Units	Cancel	Amend
<input type="checkbox"/>	02/03/2022	02/28/2022	MA007-Adult Chiropractic		5	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	23410-REPAIR ROTATOR CUFF ACUTE		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	22612-ARTHRO PST TQ 1INTRSPC LUMBAR		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	78451-HT MUSCLE IMAGE SPECT SING		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	A6530-COMPRESSION STOCKING BK18-30		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	70544-MR ANGIOGRAPHY HEAD W/O DYE		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	76825-ECHO EXAM OF FETAL HEART		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	62263-EPIDURAL LYSIS MULT SESSIONS		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	78811-PET IMAGE LTD AREA		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	77423-NEUTRON BEAM TX COMPLEX		1	<input type="checkbox"/>	<input type="checkbox"/>

**Print Preview**
**Submit**
**Cancel**



- Once you have clicked on the Amend box for all the lines you want to amend, you will scroll back up to the Attachments section.
- Next, you will click on the HCA-60 Form link and complete the form and save to your computer.
- Now, upload the HCA-60 form and any other documents that support the requested changes.
  - Select browse.
  - Locate the document(s) to upload.
  - Give the document(s) a description.
- Now click the Add button to add the documents.

Member ID B12345678      Member Kerry SoonerCare  
 Birth Date 08/05/1999

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**Service Provider Information**

Provider ID \_      ID Type \_      Name \_  
 Zip Code \_      Contract Code \_      Taxonomy \_      SC Provider Number \_

---

**Attachments**

Instructions for submission of a **Medical** amendment and must be followed. The required attachments to be uploaded MUST include:

- Completed [HCA-60 Form](#)
- All Supporting documentation for review

NOTE: MAU will be 6 months from END date.

	Transmission Method	File	Control #	Action
<input type="checkbox"/>	EL-Electronic Only	HCA-13A.pdf	20220203457250	

Click to collapse.

**Transmission Method** EL-Electronic Only

\*Upload File

\*Description

---

**Other Information**

Assignment Code GENERAL      Managed Care No  
 Fund \_      Letter? No

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**Diagnosis Information**

Once you have added the document(s), your page will refresh and will then show the attachment(s) you added. You will be able to remove this attachment ONLY if you uploaded the wrong document.

Zip Code \_ Contract Code \_ Taxonomy \_ SC Provider Number \_

**Attachments** -

Instructions for submission of a **Medical** amendment and must be followed. The required attachments to be uploaded MUST include:

- Completed [HCA-60 Form](#)
- All Supporting documentation for review

NOTE: MAU will be 6 months from END date.

	Transmission Method	File	Control #	Action
<input type="checkbox"/>	EL-Electronic Only	HCA-13A.pdf	20220203457250	
<input type="checkbox"/>	EL-Electronic Only	Wellness Release 2018.pdf (0K)	20220323209630	<a href="#">Remove</a>

Click to collapse.

**Transmission Method** EL-Electronic Only

**\*Upload File**

**\*Description**

**Other Information** -

The last step in submitting an Amendment request is to click on the Submit button.

	From Date	To Date	Code	Modifiers	Units	Cancel	Amend
<input type="checkbox"/>	02/03/2022	02/28/2022	MA007-Adult Chiropractic		5	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	23410-REPAIR ROTATOR CUFF ACUTE		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	22612-ARTHRO PST TQ 1INTRSPC LUMBAR		1		<input checked="" type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	78451-HT MUSCLE IMAGE SPECT SING		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	A6530-COMPRESSION STOCKING BK18-30		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	70544-MR ANGIOGRAPHY HEAD W/O DYE		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	76825-ECHO EXAM OF FETAL HEART		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	62263-EPIDURAL LYSIS MULT SESSIONS		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	78811-PET IMAGE LTD AREA		1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/03/2022	02/28/2022	77423-NEUTRON BEAM TX COMPLEX		1	<input type="checkbox"/>	<input type="checkbox"/>



Once you have clicked the Submit button, the page will refresh and give you a message of a successful submission.

[Contact Us](#) | [Logout](#)

[Prior Authorizations](#) > [View Authorization Status](#) > [View Authorization Response](#) > View Authorization Wednesday 03/23/2022 09:46 AM CST

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**Informational**  
The request has been submitted successfully. 

**Authorization Request** [Back to View Authorization Response](#) ?

Medical  Dental

When you submit this PA, you are certifying that the PA is medically necessary and correctly submitted in accordance with SoonerCare rules and is for a SoonerCare covered device or service. You acknowledge that this PA may be subject to a post-payment review and/or that OHCA may recoup improper payments if OHCA finds that this PA was inappropriately submitted or OHCA has determined the PA to be medically unnecessary. You also acknowledge that approval of this PA does not guarantee payment.

[Expand All](#) | [Collapse All](#)

**Requesting Provider Information** -

<b>Provider ID</b>	111222333	<b>ID Type</b>	NPI	<b>Name</b>	Doctor Medical
<b>Zip Code</b>	74960-3217	<b>Contract Code</b>	_	<b>Taxonomy</b>	123A45678B
				<b>SC Provider Number</b>	123456789 A

**Member Information** -

<b>Member ID</b>	B12345678	<b>Member</b>	Kerry SoonerCare
<b>Birth Date</b>	08/05/1999		



# RESOURCES

# MEDICAL AUTHORIZATION UNIT

The goal of MAU is to streamline the PAR process while maintaining compliance with OHCA, state and federal policy and rules.

- Call 800-522-0114, option 6, 4
- Email [MAUAdmin@okhca.org](mailto:MAUAdmin@okhca.org)
- [MAU webpage](#)

DME authorization assistance: email [DMEAdmin@okhca.org](mailto:DMEAdmin@okhca.org).

Therapy authorization assistance: email [TherapyAdmin@okhca.org](mailto:TherapyAdmin@okhca.org).

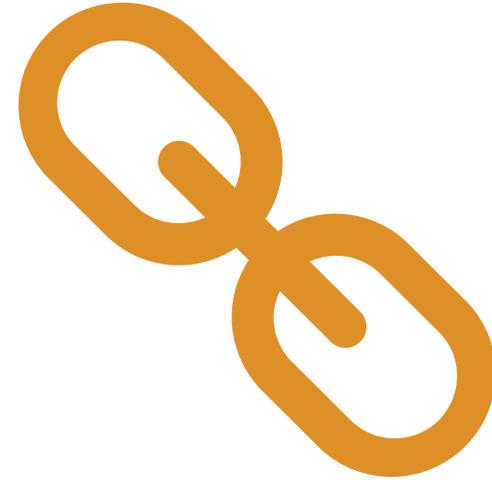
# HELPFUL TELEPHONE NUMBERS

- OHCA provider helpline.
  - 800-522-0114 or 405-522-6205; option 1
- Internet help desk.
  - 800-522-0114 or 405-522-6205; option 2, 1
- EDI help desk.
  - 800-522-0114 or 405-522-6205; option 2, 2



# HELPFUL LINKS

- Agency website
  - [www.oklahoma.gov/ohca](http://www.oklahoma.gov/ohca)
- OHCA provider portal
  - [www.ohcaprovider.com](http://www.ohcaprovider.com)
- Provider training
  - [www.oklahoma.gov/ohca/providers/provider-training](http://www.oklahoma.gov/ohca/providers/provider-training)
- [Provider Quick Reference Guide](#)
- [OHCA Resource Guide](#)



# OHCA PUBLIC WEBSITE

OHCA's public website is the best source for current SoonerCare information: [www.oklahoma.gov/ohca](http://www.oklahoma.gov/ohca).

- A [Provider Toolkit](#) is available to help providers locate helpful information online more efficiently.
- Find service-specific information such as rules, manuals, prior authorization, forms and contracts for enrolling in the SoonerCare program and other important topics based on the services you provide on the [Provider Types page](#).
- [Policy and rules](#) are available to review online.

# TRAINING RESOURCES

- Provider education specialists:
  - Education specialists provide education and training as needed for providers either virtually or telephonically.
  - Requests for assistance should be emailed to: [SoonerCareEducation@okhca.org](mailto:SoonerCareEducation@okhca.org). (Requests should include the provider's name and ID, contact information, and a brief description of what assistance is being sought.)
  - For immediate claims or policy assistance, please contact the OHCA provider helpline at 800-522-0114.
- Monthly webinars
- How-to videos



**QUESTIONS?**



**OKLAHOMA**  
Health Care Authority

## GET IN TOUCH

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

[Oklahoma.org/ohca](http://Oklahoma.org/ohca)  
[mysoonercare.org](http://mysoonercare.org)

Agency: 405-522-7300  
Helpline: 800-987-7767

